| | MISSOURI DEPARTMENT OF PUBLIC S DIVISION OF ALCOHOL AND TOBACCO SALES TO WHOLESALE DEALERS | MONTH | YEAR | | |
|--|--|-------|----------------------|-----|--|
| SOLICITOR NAME (AS LICENSED WITH MISSOURI) | | | MISSOURI LICENSE NO. | | |
| STREET ADDRES | S | CITY | STATE | ZIP | |

Report all sales made to wholesale dealers on this form. <u>DO NOT</u> report any credits on this form. The original of this report must be postmarked to the Division of Alcohol and Tobacco Control, Jefferson City, Missouri not later than the 15th of each month. Duplicate copy to be retained for your files. Copies of all invoices must be submitted with this form.

| WHOLESALER'S | Ship to: | WHOLESALER NAME | INVOICE NUMBER | WINE GALLONS | |
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| MO. LICENSE NO. | | WHOLESALER CITY | INVOICE DATE | SPIRITS | WINES |
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